EXHIBIT C

Case 06,18765197/25-18100		OF OF CLAIM	Fage Page	ję 2 of 11
• •	1 100	JOI OI OLAIII		
Name of Debtor: Case Nu		ımber:		
USA Commercial Mortgage 60.				
USA Capital Siversified Trust Devel 7	turd BK-S-	-06-10725 LBR		
NOTE: See Reverse for List of Debtors and Case Numbers.				
This form should not be used to make a claim for an administrarising after the commencement of the case. A "request" for particular to the case.		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C. § 5	503.	filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:	44000000	statement giving particulars.		
1996 KNOBEL TRUST DATED 9/5/96	41000082	Check box if you have never received any notices		
C/O ANNA S KNOBEL TRUSTEE		from the bankruptcy court or		IIS PROOF OF CLAIM FOR A
8919 CHALLIS HILL LN CHARLOTTE NC 28226-2687		BMC Group in this case.	ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS.
0.2201.2.00		Check box if this address differs from the address on the		ready filed a proof of claim with the
Creditor Telephone Number (104) 543 · 0244		envelope sent to you by the court.		t or BMC, you do not need to file again.
Last four digits of account or other number by which creditor	dentifies debtor:	Chack hara	nas.	
# 2195		if this claim amen	a previously	y filed ciaim dated:
1. BASIS FOR CLAIM	Retiree	benefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful de	ath	salaries, and compensation (Other claims against servicer
Services performed Taxes		r digits of your SS #:		(not for loan balances)
Money loaned Under (describe briefly)	Unpaid (compensation for services pe	rformed from:	to
2. DATE DEBT WAS INCURRED:	13 IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or				the time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your cl	laim. or b) vour claim	Check this box if you	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or online entitled to priority.		I	a all at a sale	
UNSECURED PRIORITY CLAIM		Brief description of Real Estate		. 🗆 😘
Check this box if you have an unsecured claim, all or part of whi	ch is			
entitled to priority. Amount entitled to priority \$		Value of Collateral		850,000, -
Specify the priority of the claim:		secured claim, if any:		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or	(a)(1)(B)	Up to \$2,225* of deposits toward	ard purchase, leas	e, or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within before filing of the bankruptcy petition or cessation of the debtor		services for personal, family, o	r household use -	11 U.S.C. § 507(a)(7).
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	" L	Taxes or penalties owed to go Other - Specify applicable pan		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)((5).	* Amounts are subject to adjust	stment on 4/1/07 a	nd every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$	\$ 348	with respect to cases commer	LA	s date of adjustment. \$ 348 006.20
AT TIME CASE FILED: (unsecured)		006.20 \$	('priority)	(Total)
Check this box if claim includes interest or other charges in ad	,	•		• •
6. CREDITS: The amount of all payments on this claim has			• .	
 SUPPORTING DOCUMENTS: <u>Attach copies of supporunning accounts</u>, contracts, court judgments, mortgages, 	rting documents, s security agreemen	uch as promissory notes, pure ts, and evidence of perfection	chase orders, in of lien. DO NO	voices, itemized statements of OT SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain	n. If the documents	s are voluminous, attach a sui	mmary.	
 DATE-STAMPED COPY: To receive an acknowledge proof of claim. 	nent of the filing of	your claim, enclose a stampe	d, self-addresse	d envelope and copy of this
The original of this completed proof of claim form must ACCEPTED) so that it is actually received on or before				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partne		·		
governmental units). BY MAIL TO: BMC Group		OR OVERNIGHT DELIVERY TO) :	
BMC Group Attn: USACM Claims Docketing Center		ACM Claims Docketing Cente	er .	
P. O. Box 911	1330 Eas	st Franklin Avenue		
1 FLSegundo, CA 90245-0911	FLSegun	ndo, CA 90245		
DATE SIGN and print the name and title, this claim (attach copy of pow	if any, of the creditor of			1

UNITED STATES BANKRUPTCY COURT, DISTRICT OF	PROOF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Num 06-10		
NOTE: This form should not be used to make a claim for an administrativ			
case. A "request" for payment of an administrative expense may be filed p			
Name of Creditor (The person or other entity to whom the debtor owes money or property)	else ha	box if you are aware that anyone s filed a proof of claim relating claim. Attach copy of statement	
PATRICK J. ANGLIN		particulars.	
Name 8: address where notices should be sent: JANET L. CHUBB, ESQ.	any not	box if you have never received tices from the bankruptcy court	
JONES VARGAS P.O.BOX 281	in this	case. box if the address differs from	
RENO, NV 89504-0281		ress on the envelope sent to you	
Telephone number: 775-786-5000	by the	, ,	THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 500953.5		e □ replaces m □ amends a previously filed	claim, dated
1. BASIS FOR CLAIM		Retiree benefits as defined in 11 t	J.S.C. § 1114(a)
□ Goods sold		Vages, salaries, and compensation	
□ Services performed		ast four digits of your SS #	
□ Money loaned	1	Unpaid compensation for services	s performed from
□ Personal injury/wrongful death □ Taxes	1	rom to	
O:her <u>DEBTOR'S BREACHES</u> (see adversary complaint	<u>1t)</u>	from to	(date)
2. Date debt was incurred:	3. If (court judgment, date obtained:	
2003-2005			
4. Classification of Claim. Check the appropriate box or boxes filed. See reverse side for important explanations.		cribe your claim and state the am	ount of the claim at the time case
Unsecured Nonpriority Claim \$ 187,005.78 + accrued interest		☐ Check this box if your cla	im is secured by collateral
postpetition payments receive		(including a right of se	-
 Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if d 		Brief description of colla	
only par: of your claim is entitled to priority.	.,	1	r Vehicle Other
IV		Value of Collateral: \$ Amount of arrearage and othe	
Unsecured Priority Claim. ☐ Check this box if you have an unsecured claim, all or part of entitled to priority.	which is	included in secured claim, if a	
Amount entitled to priority \$			
Specify the priority of the claim:	ט ם	p to \$2,225* of deposits toward p	ourchase, lease or rental of
☐ Domestic support obligations un 11 U.S.C. § 507(a)(1)(A) or) (a)(1)(B) U	foperty or services for personal, f .S.C. § 507(a)(7)	
☐ Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of the bankruptcy petition.	hin 5(xes or penalties owed to governm 07(a)(8)	nental units - 11 U.S.C. §
debtor's business whichever is earlier- 11 U.S.C. § 507(a)(4)	□ O'	THER - Specify applicable parag	raph of 11 U.S.C. § 507(a) ().
□ Contributions to an employee benefit plan 11 U.S.C. § 507(a		ounts are subject to adjustment on 4/1 with respect to cases commenced on c	
- · · · · · · · · · · · · · · · · · · ·	005.78 +/- secured)	(secured) (prior	ority) (Total)
☐ Check this box if claim includes interest or other charges in ad interest or additional charges.	,	(• • • • • • • • • • • • • • • • • • • •
6. Credits: The amount of all payments on this claim has been cr	redited and d	educted for the purpose of making	g THIS SPACE IS FOR COURT USE ONLY
this proof of claim. SEE ABOVE. 7. Supporting documents: Attach copies of supporting documents.	ete ench as n	romissory notes nurchase orders	
invoices, itemized statements of running accounts, contracts, cour	t judgments,	mortgages, security agreements,	
and evidence of perfection of lien. DO NOTSEND ORIGINAL D	OCUMENT		
available, explain. If the documents are voluminous, attach a sum 8. Date-Stamped copy: To receive an acknowledgment of the file		laim enclose a stampad sulf	
addressed envelope and a copy of this proof of claim.	ing or your c	tami, enclose a stamped, sen-	
Date Sign and print the name and title, if any, of the c	reditor or oth	ner person authorized to file this	
12/9/06 claim (attach copy of power of attorney, if any):	JBB, ESO. 4	TTORNEY FOR CT AIMANT	

Case 06 all 186-90 25-1890 85 all	<u>ทั่ว1398</u>	11.ereq=14642221738706	55 B age Hag	684 OT 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRC	OF OF CLAIM		M IS SCHEDULED AS
	Case Nu	mbers * 1	Schedule/Claim,ID	s30884
	Case Number 06-10725-LBR		Amount/Classification	ก้ั
USA Commercial Mortgage Company	06-107	25-LBH	\$25 903 59 Unsecu	red
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative arising after the commencement of the case. A "request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address ANTHONY PASQUALOTTO & ALICIA PASQUALOTTO 1997 TRUST C/O ANTHONY PASQUALOTTO 1997 TRUST C/O ANTHONY PASQUALOTTO & ALICIA PASQUALOTTO TRUST 5775 DUNEVILLE ST LAS VEGAS NV 89118 2726 Creditor Telephone Number ()	of an	Check box if you have never received any notices from the bankruptcy court or BMC Group in this address on the envelope sent to you by the court	The amounts reflects scheduled by the De yeu, agree with the a other claim against this proof of claim Elf the amounts sho Unliquidated or Disfiled If you have alrea Bankruptcy Court o	ed above constitute your claim as botor or pursuant to a filed claim. If mounts set forth herein and have no he Debtor you do not need to file XCEPT as stated below. In above are listed as Contingent, sputed, a proof of claim must be add filed a proof of claim with the r BMC you do not need to file again. E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Chack bore	COS	
Last four digits of account of other number by which creates towns.		Check here Country of this claim ame	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries and compensation	(fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes		r digits of your SS #		(flot for loan balances)
Money loaned Other (describe briefly)	Unpaid (compensation for services po	erformed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED VARIOUS	3 IF C	OURT JUDGMENT, DATE	JB I AINED	time case filed
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descri		ini oi ine ciaim at me	line dase mod
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our down to poolir	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim, or b)	your claım	a right of setoff)	our ciaim is secui	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur claim is	Brief description of	f collateral	
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is				
entitled to priority		Value of Collatera		
Amount entitled to priority \$		Amount of arrearage a secured claim if any		at time case filed included in
Specify the priority of the claim				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	L	Up to \$2 225* of deposits tow services for personal family	ard purchase lease or household use 11	or rental of property or USC § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors	Г	Taxes or penalties owed to g		
business whichever is earlier 11 USC § 507(a)(4)	Ī	Other Specify applicable pa		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adju with respect to cases comme	stment on 4/1/07 and	d every 3 years thereafter
E TOTAL AMOUNT OF CLAIM & 25 907 59	270	. 45 h D6\$	riceu ori or aner the c	\$ 396,359.65
5 TOTAL AMOUNT OF CLAIM \$ 25,903.5 \$	1 0	1 10 0 -	(pnonty)	(Total)
(unsecured) Check this box if claim includes interest or other charges in addition to		(secured) al amount of the claim Attach r		` '
6 CREDITS The amount of all payments on this claim has been cr	edited and	deducted for the purpose of	making this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting doc	cuments, s	such as promissory notes pu	irchase orders inv	oices itemized statements of
running accounts contracts, court judgments mortgages, security DOCUMENTS If the documents are not available explain. If the	y agreeme	nts and evidence of perfecti	on of lien DO NO summary	OT SEND ORIGINAL
	he filina of	vour claim enclose a stamp	ed self addresse	d envelope and copy of this
8 DATE-STAMPED COPY To receive an acknowledgment of to proof of claim		,		
The original of this completed proof of claim form must be se	ent by mai	I or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships	m, prevail	ling Pacific time, on Noven lions, loint ventures, trusts	nper 13, 2006 and	USE ONLY
governmental units)				
BMC Group	BMC Gr			
Attn USACM Claims Docketing Center		SACM Claims Docketing Cen ast Franklin Avenue	ter	
P O Box 911 El Segundo CA 90245 0911		ndo CA 90245		
DATE SIGN and onntithe name and title if any of the	he creditor o	or other person authorized to file		
11-10 2006 this claim (attach conver power of atto	mey_if any)			
11 10 000 (/ /T/XXXX) 1,2	ALIC	14 PASQUA	reTU_	

Case 06a16766-000725-180c $85164m^3146-104$ ere of 118662247281065578 age Plagre45 of 11

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT DISTRICT O	OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK S 06 10725 LBR	
NOTE: This form should not be used to make a claim for an administrative expens of the case A "request" for payment of an administrative expense may be filed put	sive arising after the commencement sum to 11 USC § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) CARDWELL FAMILY TRUST C/O JAMES B CARDWELL & REBA JO	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	τ,
Name and address where notices should be sent c/o Michael J Dawson, Esq 515 South Third Street Las Vegas NV 89101 Telephone number (702) 384 1777 Account or other number by which creditor identifies debtor s31670	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court Check here replaces a previously this claim amends	This space is for court use only ly filed claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 U S C Wages salaries and compensation (fil Last four digits of SS # Unpaid compensation for service from to (date)	I out below)
2 Date debt was incurred Various	3 If court judgement, date obtained	
4 Total Amount of Claim at Time Case Filed \$\frac{\section 2 329 94}{\text{(unsecured)}}\$ If all or part of your claim is secured or entitled to priority, also complete Check this box if claim includes interest or other charges in addition to the interest or additional charges		3 226 795 82 (Total) mized statement of all
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)	7 Unsecured Priority Claim Check this box if you have an uns Amount entitled to priority \$	secured priority claim
Brief Description of Collateral Real Estate Motor Vehicle Other	Specify the priority of the claim Wages salaries, or commissions days before filing of the bankrupi debtor's business whichever is ea	
Value of Collateral \$ Unknown Amount of arrearage and other charges at time case filed included in secured claim, if any \$	§ 507(a)(6)	
6 Unsecured Nonpriority Claim \$ \$2,329 94 Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	or child 11 U S C § 507(a)(7) Taxes or penalties owed to gover. Other - Specify applicable paragr * Amounts are subject to adjustment on	nmental units 11 U S C § 507(a)(8)
8 Credits The amount of all payments on this claim has been credited and deduthis proof of claim 9 Supporting Documents Attach copies of supporting documents such as orders invoices itemized statements of running accounts contracts, court judge agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DO not available explain If the documents are voluminous, attach a summary 10 Date-Stamped Copy To receive an acknowledgement of the filing of your addressed envelope and copy of this proof of claim	This space is for court use only	
Date Sign and print the name and title if any of this claim (attach copy of power of attorney Mi		

F :	PR	OOF OF CLAIM				
Name of Debtor:			· .			
	Case Hulli		·			
USA Commercial Mortgage Comp	any 06-1	0725-LBR				
NOTE: See Reverse for List of Debtors and Cas This form should not be used to make a claim for arising after the commencement of the case. A	an administrative expense	Check box if you are aware that anyone else has				
administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address:		filed a proof of claim relating to your claim. Attach copy of	IF YOU ARE ONLY WHOSE LOAN IS	IF YOU ARE ONLY OWED MONEY BY A BORROW WHOSE LOAN IS BEING SERVICED BY THE		
CLARK, DONALD 305 W MOANA LANE RENO NV 89509	11321242034516	statement giving particulars. Check box if you have never received any notices from the bankruptcy court or	DEBTORS YOU DO OF CLAIM. THIS IS BORROWER HELD DO NOT FILE THE	O <u>NOT</u> HAVE TO FILE A PROOI INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOU 8 PROOF OF CLAIM FOR A		
ALIO 147 08309		BMC Group in this case. Check box if this address differs from the address on the	SECURED INTERI ONE OF THE DEB	EST IN A BORROWER THAT IS		
Creditor Telephone Number ()		envelope sent to you by the court.	Bankruptcy Court of	or BMC, you do not need to file ag		
Last four digits of account or other number by wh	ich creditor identifies debtor:			E IS FOR COURT USE ONLY		
1.020		Check here replaced if this claim amen	a previously	filed claim dated: 8-1-06		
1. BASIS FOR CLAIM Goods sold Personal injury	☐ Retire	e benefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal		
Services performed Taxes	/wnongful death: Wage	s, salaries, and compensation (fill out below)	Other claims against sen		
☐ Money loaned ☐ Other (describ		our digits of your SS #: d compensation for services per	rformed from	(not for loan balances)		
INTEREST		d compensation for services per	normed from:	(date) (date)		
2. DATE DEBT WAS INCURRED:	3. IF	COURT JUDGMENT, DATE O	BTAINED:			
 CLASSIFICATION OF CLAIM. Check the app See reverse side for important explanations. 	opriate box or boxes that best de	scribe your claim and state the amo	unt of the claim at th	ne time case filed.		
UNSECURED NONPRIORITY CLAIM \$	and the second	SECURED CLAIM				
Check this box if: a) there is no collateral or lien s exceeds the value of the property securing it, or if	ecuring your claim, or b) your claim		our claim is secure	ed by collateral (including		
entitled to priority. UNSECURED PRIORITY CLAIM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Brief description of	collateral:			
Check this box if you have an unsecured claim, a	or part of which is	Real Estate	Motor Vehicle	Other		
entitled to priority.	or part of windings	Value of Collateral	s s			
Amount entitled to priority \$ Specify the priority of the claim:	·	Amount of arrearage ar secured claim, if any:	nd other charges.	at time case filed included in		
Domestic support obligations under 11 U.S.C. § 5	07(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits town	ard purchase, lease	, or rental of property or		
Wages, salaries, or commissions (up to \$10,000) before filing of the bankruptcy petition or cessation	n of the debtor's	services for personal, family, of Taxes or penalties owed to go		• (,,,,		
business, whichever is earlier - 11 U.S.C. § 507(Other - Specify applicable par	ragraph of 11 U.S.C.	. § 507(a) ().		
Contributions to an employee benefit plan - 11 U.	s.c. 9 50/(a)(5).	* Amounts are subject to adju- with respect to cases commer		date of adjustment		
5. TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED:	\$	\$ 775,	918.76	\$ 15 of 11-30-060 =		
Check this box if claim includes interest or other	insecured) charges in addition to the princi	(secured) pal amount of the claim. Attach ite	 (priority) emized statement or 	(Total) If all interest or additional charge		
CREDITS: The amount of all payments on the Supporting DOCUMENTS: Attach countring accounts, contracts, court judgments DOCUMENTS. If the documents are not available.	nies of supporting documents, , mortgages, security agreem	such as promissory notes, pur ents, and evidence of perfection	rchase orders, inventor of lien. DO NO	oices, itemized statements of		
8. DATE-STAMPED COPY: To receive an proof of claim.	* * ⁻		•••	l envelope and copy of this		
The original of this completed proof of cla ACCEPTED) so that it is actually received for each person or entity (including indivi- governmental units).	on or before 5:00 pm, preve	iling Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COUF USE ONLY		
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center	d da da an BMC (Attn: U	ISACM Claims Docketing Center		and the second s		
P. O. Box 911 El Segundo, CA 90245-0911		East Franklin Avenue Jundo, CA 90245	. •			
DATE SIGN and print the r	ame and title, if any, of the credito	or or other person authorized to file,	ogn a			
12-17-06 This saim (att	ich copy of power of attorney, if a	1y):				

United States Bankrupicy Court	DISTRICT OF Nevada	
	Daylor Italy	PROOF OF CLAIM
Name of Debtor	Case Number	FROO! S. S.
U.S.A. Commercial Mortgage Co.	06-10725-LBR	_
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense may	trative expense arising after the commencement	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Shirley M. Gillins,	Check box if you are aware that anyone else has filed a proof of claim relating to	
trusteças her some asemante property	your claim. Attach copy of statement	
Wholer Collins Family Hust - dated 1-29-93 Name and address where notices should be sent:	Check box if you have never received any	
Name and address where notices should be sent:	notices from the bankruptcy court in this case.	
Shirley M. Collins Court 1975 Snowberry Court Telephone mumber, Ca. 92-009	Check box if the address differs from the	
TELEPHONE TURNET, Ca. 92-009	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here Virenlaces	19-15-12
identifies debtor:	if this claim amends a previously filed	
1. Basis for Claim	Retiree benefits as defined in 11 Wages, salaries, and compensat	
Goods sold Services performed	Last four digits of your SS #:	
Money loaned	Unpaid compensation for service	
Personal injury/wrongful death Taxes	fromto	o(date)
Other See exhibit A		
2. Date debt was incurred:	3. If court judgment, date obtained:	1
4. Classification of Claim. Check the appropriate box or boxes that	to the describe your claim and state the amount (of the plain at the time case filed
See reverse side for important explanations.	at best describe your claim and state the amount of	of the claim at the time
Unsecured Nonpriority Claim 5		secured by collateral (including
Check this box if: a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) nonly part of your claim is entitled to priority.	Check this box if your claim is a right of setoff).	Section by Comments
Unsecured Priority Claim	Real Estate Motor V Value of Collateral: \$\(\mu/1\)	/ehicle Other
Check this box if you have an unsecured claim, all or part of w	Value of Consters.	
entitled to priority.	vincii is	
entitled to priority.	Amount of arrearage and other charg secured claim, if any: \$ 12	ges at time case filed included in
Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$ 12,50	ges <u>at time case filed</u> included in
Amount entitled to priority \$ Specify the priority of the claim:	Amount of arrearage and other charg secured claim, if any: \$	ges at time case filed included in 49.03 chase, lease, or rental of property
Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$_12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C.
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000) * carried within	Amount of arrearage and other charg secured claim, if any: \$ 12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C.
entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Amount of arrearage and other charg secured claim, if any: \$_12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. atal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)().
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000) * carried within	Amount of arrearage and other charg secured claim, if any: \$_12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. atal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)().
entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U.S.C. § 507(a)(4).	Amount of arrearage and other charg secured claim, if any: \$ 12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. attal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). 107 and every 3 years thereafter or after the date of adjustment.
entitled to priority. Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$ 12 , 5 Up to \$2,225* of deposits toward pure or services for personal, family, or hou \$ 507(a)(7). Taxes or penalties owed to government or's Amounts are subject to adjustment on 4/1/with respect to cases commenced on or \$ \$80.190.24 850.190.24 (pecured) (pecured)	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. Intal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). 107 and every 3 years thereafter or after the date of adjustment. SEQ190.24 priority) (Total)
Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a) Check this box if claim includes interest or other charges in add interest or additional charges. Credits: The amount of all payments on this claim has been	Amount of arrearage and other charg secured claim, if any: \$_12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. Intal units - 11 U.S.C. § 507(a)(8). of 11 U.S.C. § 507(a)(). 107 and every 3 years thereafter or after the date of adjustment. SEQ190.24 priority) (Total)
Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a) Contributions to an employee benefit plan - 11 U.S.C. § 507(a) Check this box if claim includes interest or other charges in add interest or additional charges. Credits: The amount of all payments on this claim has been making this proof of claim.	Amount of arrearage and other charg secured claim, if any: \$ 12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. atal units - 11 U.S.C. § 507(a)(8). for 11 U.S.C. § 507(a)(). for and every 3 years thereafter or after the date of adjustment. SEG190.24 priority) (Total) h itemized statement of all
entitled to priority. Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$_12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. atal units - 11 U.S.C. § 507(a)(8). for 11 U.S.C. § 507(a)(). for and every 3 years thereafter or after the date of adjustment. SEG190.24 priority) (Total) h itemized statement of all
entitled to priority. Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$_12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. Intal units - 11 U.S.C. § 507(a)(8). 107 and every 3 years thereafter or after the date of adjustment. SEG190 24 Driority) (Total) In itemized statement of all
Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$ 12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. Intal units - 11 U.S.C. § 507(a)(8). 107 and every 3 years thereafter or after the date of adjustment. SEG190 24 Driority) (Total) In itemized statement of all
entitled to priority. Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$ 12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. atal units - 11 U.S.C. § 507(a)(8). for 11 U.S.C. § 507(a)(). for and every 3 years thereafter or after the date of adjustment. SEG190.24 priority) (Total) h itemized statement of all
Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$ 12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. atal units - 11 U.S.C. § 507(a)(8). for 11 U.S.C. § 507(a)(). for and every 3 years thereafter or after the date of adjustment. SEG190.24 priority) (Total) h itemized statement of all
entitled to priority. Amount entitled to priority \$	Amount of arrearage and other charg secured claim, if any: \$ 12	ges at time case filed included in 49.03 chase, lease, or rental of property usehold use - 11 U.S.C. atal units - 11 U.S.C. § 507(a)(8). for 11 U.S.C. § 507(a)(). for and every 3 years thereafter or after the date of adjustment. SEC 190.24 priority) (Total) h itemized statement of all

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRC	OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS:			
Name of Debtor:	Case Nu	mber:	Schedule/Claim ID s31820			
USA Commercial Mortgage Company	06-107	25-LBR	Amount/Classification			
SOX Commission mortgage Company	**		\$12,951.80 Unsecured V			
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: DAVIS FAMILY TRUST C/O JOSEPH DAVIS & MARION SHARP CO-TRUSTEES 3100 ASHBY AVE LAS VEGAS, NV 89102-1908		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unitquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY			
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	debtor:	real sends				
77.7 3997		Check here replace or if this claim amer	a previously filed claim dated:			
1. BASIS FOR CLAIM	Retires t	penefits as defined in 11 U.S				
Goods sold Personal injury/wrongful death		salaries, and compensation				
Services performed Taxes		r digits of your SS #:	(fill out below)			
Money loaned Other (describe briefly)		compensation for services pe	erformed from: to			
SEE ATTACHED			(date) (date)			
2. DATE DEBT WAS INCURRED: 8-/7-2004 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		OURT JUDGMENT, DATE One your claim and state the amount				
See reverse side for important explanations.	. 2001 0000111	SECURED CLAIM	•			
UNSECURED NONPRIORITY CLAIM \$ 750,000. W Check this box if: a) there is no collateral or flen securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.	your claim ur claim is		our claim is secured by collateral (including			
UNSECURED PRIORITY CLAIM		_ · _	Motor Vehicle Other			
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral	• · · · • • • • • • • • • • • • • • • •			
Amount entitled to priority \$			nd other charges at time case filed included in			
Specify the priority of the claim:			\$ 750,000,00			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225° of deposits toward	ard purchase, lease, or rental of property or			
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	_	•	r household use -11 U.S.C. § 507(a)(7). vernmental units - 11 U.S.C. § 507(a)(8).			
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<u> </u>		agraph of 11 U.S.C. § 507(a) ().			
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	<u> </u>	* Amounts are subject to adjus	stment on 4/1/07 and every 3 years thereafter			
5. TOTAL AMOUNT OF CLAIM \$ 750,000.00 \$	750 2	with respect to cases commen る。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。。	ced on or after the date of adjustment. \$ 750,000. 28			
AT TIME CASE FILED: (unsecured)		secured)	(priority) (Total)			
Check this box if claim includes interest or other charges in addition to t	•	·				
6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.						
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5:00 pr for each person or entity (including individuals, partnerships, governmental units). BY MAIL TO:	m, prevaill , corporati	ng Pacific time, on Novem	ber 13, 2006 USE ONLY and			
BMC Group	BMC Gro	oup	•.			
Attn: USACM Claims Docketing Center P. O. Box 911	1330 Eas	ACM Claims Docketing Cent at Franklin Avenue	:			
El Segundo, CA 90245-0911 DATE SIGN and print the name and title, if any, of the		do, CA 90245				
this claim (attach copy of power of attor	mey, if any):		A			
1-12-07 Gwen TAdan E	RVEN	T. NELSON	ATTORNEY			

UNITED STATES BANKRUPTCY COURT	Dis	TRICT C	F Neva	ta	DDQQFQFQLAIM
Name of Debtor	Case	Vember	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PROOF OF CLAIM
USA COMMERCIAL MORTGAGO CO	C	6-0	1072	5- LBK	
NOTI- This form should not be used to make a claim for an adminis					
of the case. A request' for payment of an administrative expense ma	y be filed	OUISUERE 1	o II USC	2 § 507	
Name of Creditor (The person or other entity to whom the				are that anyone	
dubtor owns money or property) SAMES O DIERY J				ciaim relating to of statement	
ANN R DERY, HUSBAND & WIFE		g particu		tr outsidin	
Name and address where notices should be sent				ever received an	
TO MISC DE QU	case		the banktul	picy court in the	S
19601 VAN AKEN BIVD SHAKED 14TS OH 4412Z				differs from the	
SHAKER 1478, 014 44122 Telephone number 216/283-2505		css on m Courl	s eu aeiobe	sent to you by	THIS SPACE IS FOR COOKS USE ONLY
Last four digits of account or other number by which creditor		k here	replaces		
identifies debtor	ıf th	s claum	amends	a previously i	iled claim, dated
1 Basis for Claim	•				11 USC § 1114(a)
Goods sold				ies, and compen pts of your SS #	isation (fill out below)
Services performed Money loaned			_		rvices performed
Personal injury/wrongful death		fre	om	·	lo
James SEE EXABIT A				(date)	(date)
2. Date debt was incurred.	3.	If con	t iudomei	nt, date obtain	eq.
MARCH 2001			- 1		
4. Classification of Claim. Check the appropriate box or boxes th	at best des	enbe you	r claum and	i state the amou	ns of the class at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 4,396,673	1	Secur	ed Claum		
Check this has if a) those is an additional or has a surround		W	Check this	box if your clain	n is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	none of		of sctoff)		
only part of your claim is entitled to priority				ription of Collete	
Unsecured Priority Claum		Ļ	J Keal Es	tale Molo	NKWOWN
Check this box if you have an unsecured claim, all or part of we entitled to priority	vhich is				
Amount entitled to priority \$		SCCUre	nt or arrear d clasm. if	any \$22,0	parges <u>at time case filed</u> included in 325, 39
	,				
Specify the priority of the claim	Ц	Up to \$2 or service	1.225" of di es for pers	eposiis toward p onal, family or l	nurchase, lease, or rental of property household use - 11 U S C
Domestic support obligations under 11 U S C § 507(a)(1)(A) of (a)(1)(B)	r —	§ 507(a)	(7).	_	
Wages salaries, or commissions (up to \$10,000),* earned within	ᇦ	Taxes or	penalties o	owed to governa	nental units - 11 U.S.C. § 507(a)(8).
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C \$ 507(a)(4).	or's	Other - S	specify app	dicable paragrap	oh of 11 U.S.C. § 507(a)()
	- 401				4/1/07 and every 3 years thereafter n or after the date of adjustment
Contributions to an employee benefit plan - 11 U S C. § 507(a					
5 Total Amount of Claim at Time Case Flied	S.	(unsecur		(secured)	73,86 1 7,396,673.86 (priority) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges.	litton to th			of the claim. Att	ach itemized statement of all
6 Credits The amount of all payments on this claim has been	credited a	nd deduc	ted for the	purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim.	_			_	
7 Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts contra					
agreements, and evidence of perfection of lien DO NOT SEN	D ORIGIN	ial DO	s, morgag CUMENT	S if the	
documents are not available, explain. If the documents are volu-	minous, att	ech a sur	nmary		
8. Date-Stamped Copy: To receive an acknowledgment of the fi	ling of you	r claım, e	enclose a st	amped, self-	
addressed envelope and copy of this proof of claim Date / Sign and print the name and title, if any, of t	ha ander-	os other		house to	
file this claim (attach copy of power of attor	ne creation mey, if any	or other)	person aut	100 000 100 morn	
1/10/07					
11/11 As I Ule	\				

Case	00193 	PROOF OF CLAIM			AM IS SCHEDULED AS:
Name of Debtor:	and the state of t	Case Nu	mber:	Schedule/Claim ID s31221	
USA Commercial M	ortgage Company	06-107	725-LBR	\$0.00 Unsecured	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: DON P MARSHALL TRUST DATED 7/18/95 C/O DON P MARSHALL TRUSTEE 221 CHIQUITA RD HEALDSBURG, CA 95448-9055		of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have rother claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Continger Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number () other number by which creditor identifies	debtor:			E 19 FOR COURT USE ORLI
	oriel number by which creates identified		Check here repla	r a previously nds	filed claim dated:
1. BASIS FOR CLAIM Goods sold	Personal injury/wrongful death	_	penefits as defined in 11 U.S	- ,,	Unremitted principal
Services performed	Taxes		salaries, and compensation	(fill out below)	Other claims against services (not for loan balances)
Money loaned	Other (describe briefly)		r digits of your SS #: compensation for services pe	erformed from:	to
2. DATE DEBT WAS INCUR	DED.]2 IE C	OURT JUDGMENT, DATE (ORTAINED:	(date) (date)
	AIM. Check the appropriate box or boxes that				e time case filed.
See reverse side for important			SECURED CLAIM		,
exceeds the value of the pro- entitled to priority. UNSECURED PRIORITY CL	no collateral or lien securing your claim, or b) operty securing it, or if c) none or only part of you	our claim ur claim is	Check this box if y a right of setoff). Brief description o	f collateral:	red by collateral (including
Check this box if you have a entitled to priority.	n unsecured claim, all or part of which is		Value of Collateral		
Amount entitled to priority Specify the priority of the cla	\$		Amount of arrearage a secured claim, if any:	and other charges	at time case filed included in
	s under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits tows services for personal, family, o		
	sions (up to \$10,000)*, earned within 180 days by petition or cessation of the debtor's		Taxes or penalties owed to go		* ,,,,
	e benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable part * Amounts are subject to adjust	stment on 4/1/07 an	d every 3 years thereafter
5. TOTAL AMOUNT OF CLA	IN 6 700 (500)		with respect to cases commer	nced on or after the	
AT TIME CASE FILED:	(unsecured)		secured)	(priority)	(Total)
Check this box if claim inclu	udes interest or other charges in addition to t	•	,	,	` ,
7. SUPPORTING DOCUM running accounts, contract DOCUMENTS. If the doc	f all payments on this claim has been createness. Attach copies of supporting docts, court judgments, mortgages, security uments are not available, explain. If the Y: To receive an acknowledgment of the support of th	<i>uments,</i> su agreemen documents	uch as promissory notes, put ts, and evidence of perfections are voluminous, attach a su	rchase orders, inv on of lien. DO No ummary.	voices, itemized statements of OT SEND ORIGINAL
The original of this com	pleted proof of claim form must be se		or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED). BY MAIL TO: BMC Group Attn: USACM Claims Doc P. O. Box 911 El Segundo, CA 90245-09 DATE		BMC Gro Attn: USA 1330 Eas El Segun	ACM Claims Docketing Center at Franklin Avenue do, CA 90245		USE ONLY
5/31/07	this claim (attach copy of power of attom	ney, if any):	• •		

United States Bankruptcy Court	Dı	STRICT C	F Neva	da	2222222
Name of Debtor USA CAPITOL MORTGAGE COMPAN				PROOF OF CLAIM	
NOTE: This form should not be used to make a claim for an admini of the case. A "request" for payment of an administrative expense materials.					
Name of Creditor (The person or other entity to whom the				ware that anyone	
debtor owes DONALD POCTARK, TRUSTEE OF THE	yo	ur claim. A	ttach cop	f claim relating to by of statement	'
DONALD P. CLARK FAMILY TRUST		ing particu			
Name and address where notices should be sent:				never received an uptcy court in this	
DONALD P. CLARK, TRUSTEEE OF THE DONALD P. CLARK FAMILY TRUST	cas	e.		•	
				is differs from the e sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number: Last four digits of account or other number by which creditor		court.	malaa		THIS SPACE IS FOR CHOKE USE ONLY
identifies debtor: 3255 /or 2749		eck here his claim	replace amend		filed claim, dated:
1. Basis for Claim					n 11 U.S.C. § 1114(a)
Goods sold	1	□ w	ages, sala Ist four di	ries, and comper gits of your SS #	nsation (fill out below)
Services performed Money loaned					ervices performed
Personal injury/wrongful death		fro	om		_ to
Taxes See Ehibit A				(date)	(date)
2. Date debt was incurred: 12/1/03	3.	If cour	t judgme	ent, date obtain	ed:
4. Classification of Claims. Check the appropriate box or boxes th	at hest de	scribe you	r claim ar	vi state the amou	nt of the claim at the time case file
See reverse side for important explanations.			ed Clain		in or the craim at the time case free
Unsecured Nonpriority Claim \$ 559,011.56		P.	Theck this	box if your clain	n is secured by collateral (including
Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.	r claim, o	a right	of setoff).	is secured by condition (including
only part of your claim is entitled to priority.		ي ل	Brief Desc	cription of Collate	eral:
Unsecured Priority Claim		1 6			r Vehicle Other
Check this box if you have an unsecured claim, all or part of ventitled to priority.	vhich is	1		Collateral: \$_U	
Amount entitled to priority \$				rage and other ch f any: \$ <u>6.455</u>	arges <u>at time case filed</u> included in i.16
Specify the priority of the claim:	П	Up to \$2	.225* of o	deposits toward n	surchase, lease, or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o	r T		es for per		household use - 11 U.S.C.
(a)(1)(B)	П			owed to governn	nental units - 11 U.S.C. § 507(a)(8).
Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).	n !80 🗍		•	•	oh of 11 U.S.C. § 507(a)().
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	*A	mounts are	e subject t	o adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	with resp	ect to cas	es commenced or	n or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed:	•	559,01		559.011.56	559,011.56
Check this box if claim includes interest or other charges in add interest or additional charges.	lition to tl			(secured) of the claim. Att	(priority) (Total) ach itemized statement of all
6. Credits: The amount of all payments on this claim has been	credited	and deduc	ted for the	e purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim.					
 Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contra 	ents, such acts, court	as promis	sory note	s, purchase	
agreements, and evidence of perfection of lien. DO NOT SEN	D ORIGI	NAL DO	CUMENT	rs. If the	
documents are not available, explain. If the documents are voluments	minous, a	tach a sun	nmary.	er e e zu na en	n in the second of the second track of the sec
 Date-Stamped Copy: To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim. 	ling of yo	ur claim, e	nclose a s	tamped, self-	
Date Sign and print the name and title, if any, of t	he credito	r or other	person au	thorized to	e e e e e e e e e e e e e e e e e e e
file this claim (attach copy of power of attor	ney, if an	y):	•		
Soull P Plan	. /				
LOUIS F. Flor	1				